

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X JUL 02 2008 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Account Management Services of North America, LLC c/o Lexisnexis Document Solutions, Inc. 50 West Broad Street, Suite 1800 Columbus, OH 43215 07cv97 Alias S & And Cmp		B. Received by (Printed Name) Deanne Kessler	
		C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 0150 0002 8073 3549	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	